



EXAMPLE:

Yes ☒ No ☐

GOVERNMENTAL LETTER OF AUTHORITY (GLOA) EXEMPTION APPLICATION

REGISTRATION INFORMATION					
↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓					
Type of Registration: (CHOOSE ONE)			Type of Application: (CHOOSE ONE)		
<input type="radio"/> Governmental Letter of Authority Non-Commissioned Security Officer			<input type="radio"/> Original Application		
<input type="radio"/> Governmental Letter of Authority Commissioned Security Officer			<input type="radio"/> Renewal Application		
<input type="radio"/> Governmental Letter of Authority Personal Protection Officer					
APPLICANT INFORMATION					
Gov Letter of Authority Name			Gov Letter of Authority License No.		
Applicant Social Security Number - -		<input type="radio"/> Driver License <input type="radio"/> ID Card	DL/ID State:	DL/ID No.	
Applicant Last Name		First Name	Middle Name		Suffix (If Any)
Home Address					
City		State (2-Digit Code)	ZIP		Home Phone ()
Date of Birth (MM/DD/YYYY) / /		Place of Birth (CITY)		(STATE)	(COUNTRY)
Gender Male <input type="radio"/> Female <input type="radio"/>		Eyes <input type="radio"/> 1. Blue <input type="radio"/> 2. Brown <input type="radio"/> 3. Gray <input type="radio"/> 4. Hazel <input type="radio"/> 5. Green <input type="radio"/> 6. Black			
Height Ft. In.		Hair <input type="radio"/> 1. Black <input type="radio"/> 2. Red <input type="radio"/> 3. Gray <input type="radio"/> 4. Brown <input type="radio"/> 5. Blonde <input type="radio"/> 6. Bald			
Weight Lbs.		Race <input type="radio"/> 1. White <input type="radio"/> 2. Black <input type="radio"/> 3. Hispanic <input type="radio"/> 4. American Indian <input type="radio"/> 5. Asian <input type="radio"/> 6. Other _____			
List any alias you have used:					
Describe Your Duties:					
SUPPLEMENTAL INFORMATION (REQUIRED WITH ORIGINAL APPLICATION ONLY – DOES NOT APPLY TO RENEWALS)					
Regarding submitting Fingerprints: (CHOOSE ONLY ONE)					
<input type="radio"/> I am submitting two (2) classifiable, Board approved fingerprint cards along with the \$25 FBI classification fee.					
<input type="radio"/> I am submitting the \$25 FBI classification fee. My fingerprints were submitted electronically and my signed IBT FAST receipt is attached as proof with this application.					
<input type="radio"/> I am a Peace Officer (or Retired Peace Officer) alternatively submitting a PSB-00 (Peace Officer Fingerprint Waiver) form with this application, instead of FBI fingerprint cards.					
PAYMENT INFORMATION					
Original Registration Application Fee OR Renewal Fee: \$0					
I am submitting the appropriate fee(s) with this application by mail . Yes <input type="radio"/> *If yes, a PSB-50 form must be submitted with this application. (Note: Payment must be in the form of a cashier's check, money order or company check.) No <input type="radio"/>					
I understand all fees submitted to Private Security are non-refundable and non transferable. In accordance with Administrative Rule 35.77, I have 90 days from the date the application is received by the Department to submit all required documentation, supplemental information and/or fees or this application will be abandoned and I will be required to reapply. Yes <input type="radio"/> No <input type="radio"/>					

Applicant Name	Social Security No. - -
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BACKGROUND INFORMATION – PART I (ALL APPLICANTS)

1. Have you ever been convicted, in any jurisdiction, of a felony level offense?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , has it been LESS than ten (10) years since completing your sentence or probationary period?	Yes <input type="radio"/> No <input type="radio"/>
2. Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , has it been LESS than five (5) years since completing your sentence or probationary period?	Yes <input type="radio"/> No <input type="radio"/>
3. Have you, within the past 5 years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense?	Yes <input type="radio"/> No <input type="radio"/>		
4. Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>		
5. Are you currently charged with a Class B misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>		
6. Have you ever been found by a court to be incompetent by reason of mental defect ?	Yes <input type="radio"/> No <input type="radio"/>		
7. Were you discharged from the military ?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , and you received a dishonorable discharge, a bad conduct discharge, or an other than honorable discharge, from Armed Forces, then you must submit a copy of your DD-214 .	
8. Are you required to register as a sex offender , in the state of Texas or any other state?	Yes <input type="radio"/> No <input type="radio"/>		
9. Federal law prohibits the Bureau from issuing a license to anyone who is ineligible to work in the U.S. Are you a non-citizen ?	Yes <input type="radio"/> No <input type="radio"/>	If yes , you must submit documentation of your naturalization or a copy of your permanent resident card.	

BACKGROUND INFORMATION – PART II (COMMISSIONED SECURITY OFFICERS & PERSONAL PROTECTION OFFICERS ONLY)

10. Are you currently restricted under a court protective order or subject to a restraining or affecting the spousal relationship, other than a restraining order solely affecting property interests, including any court order restraining your conduct as to an intimate partner?	Yes <input type="radio"/> No <input type="radio"/>
11. Have you been diagnosed by a license physician as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability? (See Occupations Code §1702.163 (d), (e) & (f).)	Yes <input type="radio"/> No <input type="radio"/>
12. Have you been convicted in any court of a misdemeanor offense involving domestic violence?	Yes <input type="radio"/> No <input type="radio"/>
13. Are you an unlawful user of a controlled substance or addicted to any controlled substances?	Yes <input type="radio"/> No <input type="radio"/>

BACKGROUND INFORMATION – PART III (ALL APPLICANTS)

14. I understand that, any pending charges or conviction referred to in Background Information Parts I and II above require the submission of the appropriate court documentation , with this application. Failure to report an arrest or conviction, later found by a fingerprint search, may result in denial or revocation of a license based solely on the material misstatement of fact in this application.	Yes <input type="radio"/> No <input type="radio"/>
15. I acknowledge that I have reviewed the eligibility criteria of Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371 and Administrative Rule §35.1. I also acknowledge that I have reviewed the disqualifying offenses listed in Administrative Rules 35.42 and 35.46.	Yes <input type="radio"/> No <input type="radio"/>

EMPLOYER INFORMATION (TO BE COMPLETED BY QUALIFIED MANAGER, MANAGER'S DESIGNEE OR OWNER)

I hereby certify that the above applicant began employment in a position that requires this registration with my company on:	
Applicant's Date of Employment (MM/DD/YYYY) / /	
I am requesting that the above applicant be issued a registration with my company as my employee.	
Manager or Manager's Designee Printed Last Name	Printed First Name

I verify that the information provided is true and correct, and I understand that this is an official Government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Applicant Signature _____ Date ____ / ____ / ____

Manager or Manager's Designee Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:

**Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999**